

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

\*Return should preferably be made  
\* person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Arizona  
(Registration District)

County Gila

No. Warrior Payson St.

Is CHILD*	Twin Triplet or other?	and	Number in order of birth

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH\* April 14, 1923  
(Month) (Day) (Year)

Jose Navarro  
(Give name in full)

(Surname)

FATHER  
Abraham Navarro

Alyandro Navarro  
(Parent's Signature)

MOTHER  
Emilia Navarro Ortega

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

11/40

156-414-561